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WY Dept of Health
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Healthcare Licensing and Surveys

PRINTED: 11/14/2012
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0034	A. BUILDING _____ B. WING _____	10/30/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTON COUNTY HEALTH SERVICES	1124 WASHINGTON BLVD NEWCASTLE, WY 82701

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
SNH	LIC REGS FOR NURSING HOMES This State Rules and Regulations is not met as evidenced by: Rules and Regulation for Program Administration of Nursing Care Facilities Chapter 11. Section 11. Dietetic Services (a) Dietary Supervision. Overall supervisory responsibility for the dietetic service shall be assigned to a full-time qualified dietetic supervisor. (i) If the qualified supervisor is not a Registered Dietitian, she/he shall be a graduate of a dietetic technician program approved by the American Dietetic Association or a dietary manager's educational program approved by the Certifying Board for Dietary Managers. Training and experience in food service supervision and nutrition equivalent in content to the approved educational programs are acceptable. This standard is not met as evidenced by: Based on staff interview, the facility failed to ensure there was a full-time supervisor for dietetic services who was qualified. The findings were: During an interview on 10/29/12 at 1:45 PM, the dietary manager confirmed she was not a certified dietary manager. She stated she was currently enrolled in the CDM course.	SNH	The Dietary Manager will be a graduate of a program approved by the American Dietetic Association or a dietary managers' educational program approved by the Certifying Board of Dietary Managers. This will be accomplished by: 1) The Dietary Manager is currently participating in an approved CDM program 2) The consulting dietician will provide monthly progress reports to the Department of Health Office of Licensing. 3) The Dietary Manager will complete the course by 06/30/2013.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 11/26/12

11/27/12